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Fill in this information to	identify your case:	
Debtor 1	James P Hammar	
Debtor 2 (Spouse, if filing)	Tracy A Hammar	
United States Bankrupt	cy Court for the: SOUTHERN DISTRICT OF OHIO	
	7-bk-57854	Check if this is:
(If known)		 An amended filing A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u>106I</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Empleyment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Retail Specialist	Nurse
	Include part-time, seasonal, or self-employed work.	Employer's name	US Postal Service	Sage Park
	Occupation may include student or homemaker, if it applies.	Employer's address	850 Twin Rivers Dr RM 300 Columbus, OH 43216	5201 Morse Rd Columbus, OH 43230
		How long employed the	here? 31years	_

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 5,688.11 \$ 3,640.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

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Debi	tor 1 tor 2	James P Hammar Tracy A Hammar	_	Case	e number (if known)	2:17-b	ok-57854	
				Fo	r Debtor 1		ebtor 2 or iling spouse	
	Cop	by line 4 here	4.	\$	5,688.11	\$	3,640.00	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,584.12	\$	613.28	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	439.90	\$	260.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	0.00	
	5h.	Other deductions. Specify: FERS	5h	+ \$	45.50	+ \$	0.00	
		thrift savings		\$_	170.65	\$	0.00	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	2,240.17	\$	873.28	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	3,447.94	\$	2,766.72	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$_	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$_	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h	+ \$_	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,447.94 + \$_	2,76	66.72 = \$ 6,214	4.66
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your prince friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not acify:	deper		•			0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certaillies					12. \$ 6,21	4.66
13.	Do	you expect an increase or decrease within the year after you file this form	?				Combined monthly inco	me
		No. Yes. Explain:						

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FIII	in this informa	tion to identify yo	our case:					
Deb	otor 1	James P Hai	mmar			Ch	eck if this is:	
Deh	otor 2	Tracy A Ham	omar				An amended filing	wing postpetition chapter
	ouse, if filing)	ITACY A HAII	IIIIai					the following date:
Unit	ed States Bankr	ruptcy Court for the	: SOUTH	IERN DISTRICT OF OHIO			MM / DD / YYYY	
Coo	e number 2:	17-bk-57854						
1	nown)	17-DK-37634						
O	fficial Fo	rm 106J						
		J: Your	Exper	nses				12/15
Be info	as complete a ormation. If m mber (if know	and accurate as lore space is ne n). Answer eve	s possible eded, atta ry questio	. If two married people ar				
Par 1.	t 1: Descr Is this a joir	ibe Your House	hold					
١.	□ No. Go to							
			in a separ	ate household?				
	■ N		•					
		-	st file Offici	al Form 106J-2, Expenses	for Separate House	ehold of De	btor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.					_	Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes
3.	, ,	penses include		No				
		f people other t d your depende		Yes				
Dor				ly Evnence				
Est	imate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the	lude expense value of sucl ficial Form 10	h assistance an	non-cash d have inc	government assistance i cluded it on <i>Schedule I:</i>)	f you know 'our Income		Your exp	enses
,		,						
4.		or home owners and any rent for th		ses for your residence. In or lot.	nclude first mortgage	e 4.	\$	0.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	200.00
		rty, homeowner's	s, or renter	's insurance		4b.	·	131.00
		•		ıpkeep expenses		4c.	\$	100.00
_		owner's associat				4d.	·	0.00
5.	Additional r	nortgage paym	ents for yo	our residence, such as ho	me equity loans	5.	\$	0.00

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		James P Hammar Tracy A Hammar			2:17-bk-57854	
6.	Utilities:					
	6a. Electricity	v, heat, natural gas	6a.	\$	301.00	
	6b. Water, se	ewer, garbage collection	6b.	\$	60.00	
	6c. Telephon	e, cell phone, Internet, satellite, and cable services	6c.	\$	180.00	
	6d. Other. Sp	pecify: Cable, Internet,home phone	6d.	\$	160.00	
7.		sekeeping supplies		\$	700.00	
8.		children's education costs	8.	\$	0.00	
9.		dry, and dry cleaning	9.	\$	150.00	
	•	products and services	10.	\$	100.00	
11.			11.	\$	350.00	
		Include gas, maintenance, bus or train fare.		–		
	Do not include of		12.	\$	225.00	
13.		clubs, recreation, newspapers, magazines, and books	13.	\$	100.00	
		tributions and religious donations	14.	\$	0.00	
	Insurance.	· ·				
-		nsurance deducted from your pay or included in lines 4 or 20.				
	15a. Life insur	ance	15a.	\$	0.00	
	15b. Health in:	surance	15b.	\$	0.00	
	15c. Vehicle ir	nsurance	15c.	\$	122.85	
	15d. Other ins	urance. Specify:	15d.	\$	0.00	
16.	Taxes. Do not i Specify:	nclude taxes deducted from your pay or included in lines 4 or 20.	 16.	\$	0.00	
17	' '	lease payments:		Ψ	0.00	
.,.		nents for Vehicle 1	17a.	\$	0.00	
		nents for Vehicle 2	17b.	\$	0.00	
	17c. Other. Sp		17c.		0.00	
	17d. Other. Sp		— 17d.		0.00	
18		s of alimony, maintenance, and support that you did not report as		Ψ	0.00	
10.		your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00	
19.		s you make to support others who do not live with you.		\$	0.00	
	Specify:		19.			
20.	Other real prop	perty expenses not included in lines 4 or 5 of this form or on Sche	dule I: Yo	our Income.		
	20a. Mortgage	s on other property	20a.	\$	0.00	
	20b. Real esta	ite taxes	20b.	\$	0.00	
	20c. Property,	homeowner's, or renter's insurance	20c.	\$	0.00	
	20d. Maintena	nce, repair, and upkeep expenses	20d.	\$	0.00	
	20e. Homeowi	ner's association or condominium dues	20e.	\$	0.00	
21.	Other: Specify:	storage	21.	+\$	379.00	
	dog food			+\$	100.00	
	uog ioou					
22.	•	monthly expenses				
	22a. Add lines 4	<u> </u>		\$	3,358.85	
	22b. Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$		
	22c. Add line 22	2a and 22b. The result is your monthly expenses.		\$	3,358.85	
23.		monthly net income.		•		
	23a. Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	6,214.66	
		ir monthly expenses from line 22c above.	23b.	-\$	3,358.85	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		· <u> </u>		
		your monthly expenses from your monthly income. It is your <i>monthly net income</i> .	23c.	\$	2,855.81	
24.	For example, do y modification to the No.	an increase or decrease in your expenses within the year after yo ou expect to finish paying for your car loan within the year or do you expect your eterms of your mortgage?			ease or decrease because of a	
	☐ Yes.	Explain here:				